CLEARVIEW - FDD

Mentally Ill

Provide Day Programming for

Provide Day Programming for

Developmentally Disabled

	199 HOME ROAD										
	JUNEAU 53039 Phone:	(920	) 386-3400 Owne.	rship:		C	County				
	Operated from 1/1 To 12/31 Days	of	Operation: 365 High	est Level	License:	F	FDDs				
	Operate in Conjunction with Hospita						No				
	Number of Beds Set Up and Staffed	(12/	31/02): 75 Title	e 18 (Med	licare) Certified	? N	No				
	Total Licensed Bed Capacity (12/31/	02):	79 Title	e 19 (Med	licaid) Certified	? Y	Yes				
	Total Licensed Bed Capacity (12/31/Number of Residents on 12/31/02:		73 Aver	age Daily	Census:	7	71				
	*********	****	*******	******	******	*****	********	******			
Services Provided to Non-Residents					· · · · · · · · · · · · · · · · · · ·						
			·				1				
	Home Health Care	No	Primary Diagnosis	%	Age Groups	90	Less Than 1 Year	8.2			
							1 - 4 Years				
	Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	75.3	More Than 4 Years	72.6			
	Day Services		Mental Illness (Org./Psy)				·				
	Respite Care		Mental Illness (Other)					100.0			
Adult Day Care No   Alcohol			Alcohol & Other Drug Abuse	0.0	85 - 94	2.7	* * * * * * * * * * * * * * * * * * *	******			
	Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	j.			
	Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	sidents			
	Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)				
	Other Meals	No	Cardiovascular	0.0	65 & Over	24.7					
	Transportation	No	Cerebrovascular	0.0			RNs	2.0			
	Referral Service	No	Diabetes	0.0	Sex	용	LPNs	8.9			
	Other Services	No	Respiratory	0.0			Nursing Assistants,				

Other Medical Conditions 0.0 | Male 47.9 | Aides, & Orderlies

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100.0

57.0

Method of Reimbursement

No |

		edicare itle 18			edicaid			Other			Private Pay	;		amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				72	100.0	155	0	0.0	0	1	100.0	250	0	0.0	0	0	0.0	0	73	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		72	100.0		0	0.0		1	100.0		0	0.0		0	0.0		73	100.0

*********	*******	*****	******	*******	*****
Admissions, Discharges, and	•	n of Residents'	Conditions, Service	es, and Activities as of	12/31/02
Deaths During Reporting Period	.				
			% Needing		Total
Percent Admissions from:	Activities of	%	Assistance of	% Totally	Number of
Private Home/No Home Health	0.0   Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0   Bathing	0.0	69.9	30.1	73
Other Nursing Homes	0.0   Dressing	20.5	56.2	23.3	73
Acute Care Hospitals	25.0   Transferring	53.4	27.4	19.2	73
Psych. HospMR/DD Facilities	50.0   Toilet Use	39.7	31.5	28.8	73
Rehabilitation Hospitals	0.0   Eating	45.2	28.8	26.0	73
Other Locations	25.0   **************	******	*****	********	******
Total Number of Admissions	8   Continence		% Special Tre	eatments	8
Percent Discharges To:	Indwelling Or Extern	nal Catheter	2.7 Receiving	g Respiratory Care	6.8
Private Home/No Home Health	0.0   Occ/Freq. Incontiner	nt of Bladder	63.0 Receiving	g Tracheostomy Care	0.0
Private Home/With Home Health	0.0   Occ/Freq. Incontiner	nt of Bowel	43.8 Receiving	g Suctioning	0.0
Other Nursing Homes	0.0		Receiving	g Ostomy Care	0.0
Acute Care Hospitals	0.0   Mobility		Receiving	g Tube Feeding	5.5
Psych. HospMR/DD Facilities	0.0   Physically Restraine	ed	28.8 Receiving	g Mechanically Altered Di	ets 57.5
Rehabilitation Hospitals	0.0				
Other Locations	50.0   Skin Care		Other Resid	dent Characteristics	
Deaths	50.0   With Pressure Sores		2.7 Have Adva	ance Directives	100.0
Total Number of Discharges	With Rashes		0.0 Medications	3	
(Including Deaths)	6		Receiving	g Psychoactive Drugs	32.9

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility		TDD cilities		All ilties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	89.9	83.9	1.07	85.1	1.06	-
Current Residents from In-County	30.1	38.2	0.79	76.6	0.39	
Admissions from In-County, Still Residing	12.5	18.5	0.67	20.3	0.62	
Admissions/Average Daily Census	11.3	20.3	0.55	133.4	0.08	
Discharges/Average Daily Census	8.5	23.6	0.36	135.3	0.06	
Discharges To Private Residence/Average Daily Census	0.0	9.8	0.00	56.6	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	86.3	0.00	
Residents Aged 65 and Older	24.7	15.3	1.61	87.7	0.28	
Title 19 (Medicaid) Funded Residents	98.6	99.2	0.99	67.5	1.46	
Private Pay Funded Residents	1.4	0.6	2.39	21.0	0.07	
Developmentally Disabled Residents	100.0	99.5	1.00	7.1	14.08	
Mentally Ill Residents	0.0	0.4	0.00	33.3	0.00	
General Medical Service Residents	0.0	0.1	0.00	20.5	0.00	
Impaired ADL (Mean) *	47.4	54.0	0.88	49.3	0.96	
Psychological Problems	32.9	48.2	0.68	54.0	0.61	
Nursing Care Required (Mean) *	9.1	11.3	0.80	7.2	1.26	